



Heavy Equipment Services Company

# SUSPENDED PERSONNEL PLATFORM INSPECTION EVALUATION

	S	U	NA	S=Satisfactory	U=Unsatisfactory	NA=Not Applicable
DATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Posted plate with all specifications & Mfg. info (make, model, s/n, weight, capacity)		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42" high top rail		
COMPANY NAME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intermediate rail		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grab rail inside entire perimeter		
CUSTOMER NUMBER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4" toe board with expanded metal from the top of the toe board to the intermediate rail.		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expanded metal openings not greater than 0.5 in.		
MANUFACTURER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Slip resistant, drainable floor with openings no larger than 0.5 in.		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access gate swings in if so fitted		
MODEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access gate restraining device and hinges		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate headroom for personnel		
SERIAL NO.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Designed with a 5-1 safety factor		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Designed to minimize tipping		
LOCATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rough edges smoothed		
CAPACITY IN POUNDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Structural deformations, cracks, or excessive wear of any part of the platform		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All welds free of defects		
PLATFORM WEIGHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excessive wear of hoisting points and load support clevises, or pins		
INSPECTION CRITERIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dedicated Wire Rope Bridle, if fitted, must be connected to a master link or shackle to insure the load is evenly divided and each eye of the bridle shall be fabricated with thimbles. use only "safety shackles."		
<input type="checkbox"/> 1926.1431	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rigging must have a minimum 5-1 safety factor, if fitted		
<input type="checkbox"/> OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Test weight - _____ lb.		
HESCO #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Description of test weight. _____		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform a 125% proof test.		
HESCO Representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspect platform after proof test.		
	Notes & Recommendations _____					
	_____					
	_____					
	_____					